

CERTIFIED TRANSLATION

# BADILLO SAATCHI & SAATCHI

P.O. Box 11905, San Juan, Puerto Rico 00922-1905  
Telephone: 787 622 1000 Fax: 787 782 2088

**INVOICE N° 0003-00002174**  
**RADIO**

**DEPARTAMENTO DE HACIENDA DE P.R.** DEPARTMENT OF THE TREASURY  
P.O BOX 9024140/OFICINA DE COMUNICACIONES  
SAN JUAN, PUERTO RICO 00902-4140 COMMUNICATIONS OFFICE

ATTN: MARIA E QUINTERO

**Product group:**

**PRODUCT:** INSTITUCIONAL INSTITUTIONAL  
**CAMPAIGN:** FY 2016-17 OOP  
**JOBNUMBER:** HACIN6R10002  
**ID NUMBER:** 1000962016 Plan No. 5180  
**DATE:** 11/23/2016  
**DUE DATE:** 12/23/2016  
**P.O. N°:**

INVOICE N°.	MARKET / STATION	DESCRIPTION	N° OF AIRINGS	AMOUNT
MEDIA NET INC.				
00007408		RADIO Days:01 Month:October - 1 Spots of 30"		6,200.00
00007408		RADIO Days:01 Month:October - 1 Spots of 30"		5,950.00
		SUBTOTAL MEDIA NET INC.		12,150.00
		AGENCY COMMISSION (17.65%) Of: 10,030.00		1,770.30

Under penalty of absolute nullity, I hereby certify that no public official of the Department of the Treasury, its subsidiaries and affiliates is a party to or has any interest in the profits or benefits resulting from the agreement covered by this invoice, and should he or she be a party to or have any interest in the profits or benefits resulting from the agreement, a prior waiver has been issued. The only consideration for providing the goods or services covered by the agreement has been the payment agreed upon with the agency's authorized representative. The amount of this invoice is fair and correct. The services have been rendered and no payment has been received therefor.

[Signed] Authorized Signature

Bajo pena de nulidad absoluta certifico que ningún servidor público del Departamento de Hacienda de Puerto Rico, sus subsidiarias y afiliadas es parte o tiene interés alguno en las ganancias o los beneficios producto del contrato objeto de esta factura, y de ser parte o tener interés en las ganancias o beneficios producto del contrato, ha mediado una dispensa previa. La única consideración para suministrar los servicios objeto del contrato, ha sido el pago acordado con el representante autorizado de la agencia. El importe de esta factura es justo y correcto. Los servicios se han prestado y no han sido pagados

  
Firma Autorizada

Gross Total 12,150.00  
Less Agency Commission - 2,120.00  
Subtotal 10,030.00  
Service Fee 1,770.30

IF YOU NEED ADDITIONAL INFORMATION OR IF YOU HAVE A QUESTION REGARDING THIS BILL, PLEASE SEND US A WRITTEN NOTIFICATION; WE MUST HEAR FROM YOU IN WRITING WITHIN TEN (10) WORKING DAYS FROM THE RECEIPT OF THIS INVOICE. IF WRITTEN NOTIFICATION IS NOT RECEIVED WITHIN SAID TIME, YOU MUST PAY THE INVOICE AS PER THE AGREED PAYMENT TERMS.

**TOTAL USD 11,800.30**

PAGE 1 of 1

I, Gladys Rodríguez-Fornaris, MA in Translation (UPR 1995), DO CERTIFY that I have translated into English the foregoing document, as submitted in Spanish by the interested party; and that said translation is true and correct to the best of my knowledge and abilities.  
S/ GLADYS RODRIGUEZ-FORNARIS

Please remit payment to:

Badillo Nazca S & S  
P.O. BOX 11905  
SAN JUAN, PR. 00922

Wire Transfer to:

Beneficiary Name: Badillo Nazca S & S  
Bank Name: Banco Santander de Puerto Rico  
Bank Address: 207 Ave. Ponce de Leon, Piso 7  
Hato Rey, Puerto Rico 00917  
Account Number: 3004696653  
ABA Number: 21502211 SWIFT Code: BPSR3333

Pending balance \$ 200.60